

Exhibit ①

VT DOC GRIEVANCE FORM #1

INFORMAL COMPLAINT & PLAN FOR RESOLUTION FORM

Facility: NLLFField Office: 006Offender/Inmate Name: Bernard Carter
(print name)DOB: 12-16-65

Issue/Complaint:

On about 11/20/15 I have been placed in a situation where a woman that has talked about sexual things as well as wanting me to rape myself. So, she has had me rub the inside of her thighs where I have felt uncomfortable but scared to say anything in fear of getting retaliated by her staff. It is giving me anxiety and paranoid thoughts about hurting myself. She has been susceptible of this for a long time.

Proposed Solution:

that either I get moved out of this facility or that she gets moved out of the area as possible.

Received by: K Bouck
Correctional Staff (Printed Name & Signature)Date: 3.6.16 Time: 1600

Plan for Resolution:

The problem is already under investigation.

Responding Staff: K Bouck
Correctional Staff (Printed Name & Signature)Date: 3.6.16 Time: 1740I agree to the Plan for Resolution: Yes ☒ No ☐Offender/Inmate Signature: [Signature]Date: 3-6-16 Time: 6:00 PMI agree to the Plan for Resolution: Yes ☐ No ☒

Cc: 2 copies Offender/Inmate, 1 copy Grievance Coordinator after data entry to Offender/ Inmate Core File,

11.06

Exhibit #2

VT DOC GRIEVANCE FORM #2 (page 1)

OFFENDER/INMATE GRIEVANCE SUBMISSION FORM

Facility: NCCF Field Office: CSOffender/Inmate Name: Bernard Carter DOB: 12-1-1969Date Grievance Submitted: 3/5/16Living Unit: CDid you file an informal complaint about this issue? Yes ☒ No ☐If so, with whom? _____ What date? 5/3/16The Informal Complaint/Plan for Resolution Form (Grievance Form #1) is attached: Yes ☒

State your grievance, including the names of any witnesses (who, what, when, where):

I have been feeling sexual harassed by a nurse because since about 8-2014 she would tell sexual things that she would want done to her, she would be holding her in exposure myself to her, and put me on the inside of her thighs. I have been mental distressed over these they have thought she has been doing this for months. I feel mental if I stay any longer my mental health will diminish.

What do you think the outcome of this grievance should be and why?

that either she gets moved or I get moved to another facility. I don't want to be with her, even if they put me in seg. because she is the threat nurse and can make any thing happen. I believe like something done as soon as possible.

Staff Person receiving this grievance:

(Printed Name & Signature)

Date received: 3.6.16

Rev. 11.06

(over)

Cc: Offender/Inmate, Offender/Inmate Core File, Grievance Coordinator

11.06

VT DOC GRIEVANCE FORM #5

DECISION APPEAL TO CORRECTIONS EXECUTIVE

This form may be used to file an appeal of a grievance decision to the appropriate Corrections Executive. Please check the title of the one Executive to whom you are appealing below:

☒ Facilities Executive

☒ Director Health Services

☐ Field Services Executive

☐ Program Services Executive

☐ Community & Restorative Justice Executive

☐ Director of Classification

Attach all previous DOC decisions and any other documentation. State briefly why you are not satisfied with the Superintendent/District Manager/OOS Supplemental Housing Manager's response to your grievance which was dated: 3/16/16

I filed a individual complaint 3-6-16 about being sexually harassed by a nurse for about 8 months, when she would tell me surveillance things and have me expose myself to her. I fear for retaliation even though I am in seg. about the fact, about not getting the proper mental health counselor, it is making very anxiety and paranoia. My response back is that it is under investigation, that was on 3-6-16. I put grievance 2 in # NL 03-053-16 stating the same thing, except that I feel for my own mental health that either she gets removed from the facility or that I do. This woman victimized me for months and I feel that not only should this be a facility issue it should also be a state police issue. They have camera shots of some of the things that I say.

Signature of Offender/Inmate

(Use back if necessary.)
Bernard Carter 12-16-69
Print Name & DOB

Facility: NLCF

Field Office: 000

Date Appeal Submitted: 3/16/16

Mail to: Department Hearings Administrator, 103 South Main Street, Waterbury, Vermont 05671-1001

Cc: Offender/Inmate, Hearings Administrator

11.06

Ex. 6.1 #4

VT DOC GRIEVANCE FORM #7

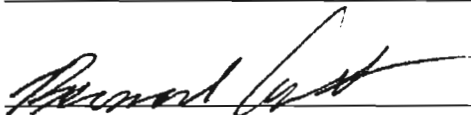
DECISION APPEAL TO COMMISSIONER

Facility: North Lake Corr. Fac.Field Office: 005

This form may be used to file an appeal of a Department Executive's grievance decision to the Commissioner of Corrections. Attach all previous DOC decisions and any other documentation.

State briefly why you are not satisfied with the response to your grievance appeal from the Corrections Executive which was dated: 3/16/16.

I never got a response back from the executive. I put a grievance in because I had been getting sexually harassed by a staff member at NLCF. This went on for almost 8 months. The reason I didn't say nothing before, was I didn't want to go to say. In the course of the investigation she, the staff member, was fired. The director of this though camera at this facility. I told her to stop months ago, but she didn't. They say that it was consensual acts, but she knew better, plus there is no such thing as consensual. I feel that I should be transferred back to Vermont. At least till this is over with, because there possible could be some court action.


Signature of offender/inmate

Bernard Carter 12-16-68
Print name & DOB

Date appeal submitted: 5/23/16

Mail to the appropriate Corrections Executive at: 103 South Main Street, Waterbury, Vermont 05671-1001
Mail a copy to: Department Hearings Administrator, 103 South Main Street, Waterbury, Vermont 05671-1001

Cc: Offender/Inmate, Offender/Inmate Core File, Grievance Coordinator

11.06